

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000285 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 11/20/2015 |
| NAME OF PROVIDER OR SUPPLIER HEARTLAND OF DECATUR | | STREET ADDRESS, CITY, STATE, ZIP CODE 444 WEST HARRISON STREET DECATUR, IL 62526 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.1210b)5)6 300.1210d)6 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following</p> | S9999 | | | |

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/15/15

Illinois Department of Public Health

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| S9999 | <p>Continued From page 1</p> <p>procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>These requirements are not met as evidenced by: Based on interviews and record review the facility staff failed to transfer one resident properly per care plan by using a partial weight bearing lift instead of full body mechanical lift for (R15). (R15) is one of eight residents reviewed for falls</p> | S9999 | | | |

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| S9999 | <p>Continued From page 2</p> <p>in a sample of 17. This failure resulted in (R15) sustaining a comminuted distal right femoral fracture with significant foreshortening of the fracture fragments.</p> <p>Findings include:</p> <p>Facility's report titled "Incident Report - Patient Involved and Investigation Report" dated 10/27/15 states "(R15) was up in wheelchair for supper with two certified nursing assistants (CNA) assist with mechanical lift on 10/26/15. (R15) went to Dementia Special Care Unit for supper. Upon completion of supper (R15) returned to resident room. (E10, CNA) returned (R15) to bed with sit to stand lift by herself."</p> <p>Section of the same report titled "Summary of Critical Information Obtained During the Investigation:" states "(R15) had care plan for mechanical lift and two assist. Kardex indicates mechanical lift and two assist also for transfers."</p> <p>Section titled "Conclusion" documents "Bruising on (R15's) upper extremity /chest are is consistent with use of sit to stand sling placement with (R15). (R15) is unable to participate with transfer and body weight dependent on sling. Distal femur fracture just proximal to right knee prosthesis and where dependent weight would have been distributed from sit to stand lower extremity bracing utilized for standing."</p> <p>The Physician's Order Sheet (POS) dated November 2015 lists the following diagnoses for R15: Right Femoral Fracture, Dementia, Anemia and Obesity. The Minimum Data Set (MDS) documents R15 cognitive status as severely impaired and is totally dependent for all transfers with the assistance of two staff. R15's care plan with revision date of 11/2/15 documents "Will use mechanical lift to transfer resident with three</p> | S9999 | | | |

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| S9999 | <p>Continued From page 3</p> <p>assist..." The original initiation date for the mechanical lift to be used with two assist was 5/26/2010.</p> <p>Nurses notes dated 10/27/15 for R15 documents " 8AM : CNA called writer to room, CNA was getting ready to dress (R15) when CNA noticed that (R15's) right leg didn't look right, upon examination a bend was noted above (R15) right knee. The right knee was 1 3/4" larger than the left one. Right foot had external rotation and (R15) showed signs and symptoms of pain when leg was touched....New orders received for x-rays to right knee and right femur immediately...."</p> <p>The hospital report dated 10/27/15 for R15 titled "Imaging Result Report - Final" documents under "Findings: There is a comminuted distal right fracture diaphyseal fracture with significant foreshortening, angulation, and displacement of the fracture fragmets..."</p> <p>Z4, Orthopedic Surgeon for R15 stated on 11/19/15 at 1:35 PM "Most definitely this is what caused (R15) to fracture by using the wrong lift (sit to stand lift versus a full body mechanical lift). (R15) has not been weight bearing for several years and (R15) bones were very soft and then putting weight on her leg (R15) would definitely fracture. I spoke with (E2), Director of Nurses at the facility and she told me (R15) was transferred with the wrong mechanical lift. Yes this was the reason (R15) fractured her right leg."</p> <p>E2, confirmed on 11/20/15 at 12:35 PM "Yes I did speak with (Z4) about (R15) and explained to him (R15) was not transferred with the right mechanical lift."</p> <p>(B)</p> | S9999 | | | |

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